

Presbytery of East Tennessee Fall Retreats for 2011

CAMP JOHN SPEER

Middle School Retreat (Grades 6-8): Friday, October 14 – Sunday, October 16

Check-In: Fri. October 14 Registration begins at **8:30pm**

Camp Ends: Sun. October 16 Pick-up at camp by **12:00pm**

Director: Whitney Brown (865)387-0002

Cost: \$40 (checks made to Camp John Speer)

Mail Registration, deposit, and a copy of your insurance card by **October 7**
to: Whitney Brown 8042 Stanley Rd. Powell, TN 37849

(If you miss this deadline, you must bring your completed registration form, registration fee, and copy of your insurance card to camp with you.)

High School Retreat (Grades 9-12): Friday, November 11 – Sunday, November 13

Check-In: Fri. November 11 Registration begins at **8:30pm**

Camp Ends: Sun. November 13 Pick-up at camp by **12:00pm**

Director: Rev. Jamie Lively (Greeneville CPC)

Cost: \$40 (checks made to Camp John Speer)

Mail Registration, deposit, and a copy of your insurance card by **November 4**
to: Whitney Brown 8042 Stanley Rd. Powell, TN 37849

(If you miss this deadline, you must bring your completed registration form, registration fee, and copy of your insurance card to camp with you.)

Information for Campers & Parents or Guardians

What to Do NOW:

- Complete the Camp Registration Form/Medical Information Form and
- Mail completed forms with copy of insurance card and deposit by the deadline to Whitney Brown (address listed on front of this sheet)
- Make checks out to: Camp John Speer
- Keep this sheet for emergency numbers, camp times & items to bring

In Case of Emergency Contact the camp directly (cell phone signals are spotty)

Directions to: Camp John Speer

www.campjohnspeer.com

2154 Viking Mountain Road, Greeneville, TN 37743

423-636-1366 (caretaker phone#)

From Knoxville: Take I-81 to Exit 23 Turn Right onto US 11-E North toward Greeneville. Go 11.6 miles and Take TN-70 S/US 11-E Bus N. Stay in right hand lane and Turn Right onto truck route 70S (Asheville Hwy). Go 15.8 miles and Turn Left onto Viking Mountain Rd. (if you cross into NC you've gone too far) Camp is 2.1 miles on your right.

Camp Guidelines

This weekend we will be living together as a family in a Christian community. Family life is based on love, trust, support, and spending time together which creates a warm and caring atmosphere. Each of us as a member of the family is very important. In order to help create this atmosphere, please read, respect and abide by these rules.

1. Arrive and leave at the appropriate times.
2. Attend the camp of your grade level.
3. Requests to be in a room/cabin with someone will be honored if possible. This request will need to be made before camp.
4. Your presence is important. Be on time to all scheduled activities, including meals.
5. You are important. Please participate in all camp activities.
6. This is a CHURCH CAMP. Dress appropriately. Dress will be monitored. NO SHORT SHORTS. NO INAPPROPRIATE SWIMWEAR.
7. Be good stewards of the camp facilities. Keep things clean and **do not deface the property** (includes writing on beds, walls, etc.).
8. Separate housing is provided for males and females. In respect of person's rights to privacy, males are not allowed in female rooms/cabins and females are not allowed in male rooms/cabins.
9. Respect others rights of rest by keeping to the sleep schedule.
10. Jesus told us, "A new command I give: love one another. As I have loved you, so you must love one another." John 13:34. Let this be a guide for our living during camp.
11. Enjoy yourself and have a great week!

What to Bring

- | | | |
|---|--|---|
| <input type="checkbox"/> Bedding:
Sleeping bag,
and/or twin
sheets | <input type="checkbox"/> Toiletries:
towels
washcloths
shampoo
toothbrush
toothpaste
deodorant
soap | <input type="checkbox"/> Clothing:
(including)
long pants
light jacket
tennis shoes |
| <input type="checkbox"/> Pillow | | <input type="checkbox"/> Other Items:
flashlight
bug spray |
| <input type="checkbox"/> Bible | | |
| <input type="checkbox"/> Paper | | |
| <input type="checkbox"/> Pen/pencil | | |

What NOT to Bring:

Video Games/Electronic Games; Cell phones will be permitted but signals are spotty and usage is at Leader's discretion.

**Camp Registration Form – Send this form to
Whitney Brown 8042 Stanley Rd. Powell, TN 37849 by Deadline**

Please Print and complete a separate form for each camper.

Camper's Full Name _____ Circle Camp You will Attend
Mid Sch High Sch

Name Camper wants to be called _____ Male ____ Female ____

Date of Birth _____ Grade _____

Street Address _____

Mailing Address _____

City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email Address(es): _____

Home Church _____

Pastor _____

Camper's Covenant Agreement

I have read and understand the camp guidelines. I am fully aware that a camp experience will require me to make personal sacrifices to which I may not be accustomed. Therefore, I hereby:

1. Realize that living as a group will require me to be responsible in my actions and display Christian love and patience toward all members of the group, both youth and leaders.
2. Realize the importance of all members of the group following a schedule and the guidance and instruction of the leaders.
3. Agree to participate fully in all activities.
4. Agree to maintain an open mind and heart to the teachings of Christ and for the leadership of the Holy Spirit.

Camper's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Required Medical Information – Send this form to Director by Deadline

Since the malpractice question has come to the forefront many hospitals and doctors will not treat a child without the parent's consent. It is requested that you complete the following information in case your child requires medical attention while under the care of this camp, including, but not limited to emergency surgery or treatment.

Parent or Legal Guardian Must Complete:

Mother's Name _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email Address: _____

Father's Name _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email Address: _____

Person to contact in an emergency, if parents are unavailable:

Name: _____ Relationship _____

Home Phone: _____ Work _____ Cell _____

Emergency Medical Information (check if applicable)

Allergies to medicine, food, plant, animal, or insect? _____

Do you have an epinephrine pen? Yes No

Do you have a diabetic pump or shots? Yes No

Have you brought any medication? Yes No If Yes, complete below, even if info is on bottle

Name of Medication	Time to take it	Dosage to take
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any condition that may require special care, medication, or diet not listed above?

Medical History

<input type="checkbox"/> Asthma	<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> German Measles	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Seizures	<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Mumps
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Hay Fever

Any Other medical information we need to know _____

Physician _____ Physicians Phone # _____

Insurance Information Company Name _____

Policy Holder _____

Policy # _____ Group # _____

Please include a copy of the insurance card (BOTH SIDES)

If participant is under 18 years old, parent/guardian must sign also.

Camper's Signature

Parent/Guardian Signature